

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		6-30-00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		64853	8/1/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

w/o

Claim	Final	Original	Date
1	✓	✓	1/1/00
2	✓	✓	1/1/00
3	✓	✓	1/1/00
4	✓	✓	1/1/00
5	✓	✓	1/1/00
6	✓	✓	1/1/00
7	✓	✓	1/1/00
8	✓	✓	1/1/00
9	✓	✓	1/1/00
10	✓	✓	1/1/00
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12	✓	✓	1/1/00
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If more than 150 claims or 10 actions  
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